

Finance Department
City of Killeen
Unclaimed Property Claim Form
For Heir, Trustee or Parent

Mail Completed Form To:
City of Killeen
Attention: Unclaimed Property
PO Box 1329
Killeen, TX 76540-1329
Fax: (254)501-8984

Claimant is required to provide the City with sufficient documentation to establish Claimant's right to receive unclaimed property. Submitting your Social Security Number ("SSN") is optional but may be the only means of verifying your claim. To the extent permitted by law, your Social Security Number will be kept confidential. You must be 18 or older to claim property.

Failure to provide your **identification, signature** or **completion of this claim form** could result in our returning the form to you.

Claimant Information			
Name _____	SSN _____		
Drivers License # _____	Date of Birth _____		
Current Address _____			
City _____	State _____	Zip Code _____	
Contact Phone Number _____	Email Address _____		
Refund due from	<input type="checkbox"/> Utility Collections	<input type="checkbox"/> Municipal Court	<input type="checkbox"/> Other

Please attach the following:

1. Copy of your Driver's License or other government issued photo identification.
2. Proof of Social Security Number (not required, but might help verify ownership)

Filing Status

_____ If you are an Heir to the reported property owner, attach a certified copy of the death certificate and a copy of the probated will, court order or affidavit of heirship.

_____ If you are a Trustee or Guardian to the reported property owner, attach a copy of the trust agreement or current guardianship documents.

_____ If you are an Executor or Administrator for the reported property owner's estate, attach a certified copy of the death certificate and Letters of Testamentary dated within 90 days of filing the claim.

_____ If you are a Parent of the reported property owner, who is under age 18, attach a copy of the minor's birth certificate and proof of Social Security Number.

Fill in the Federal Tax Identification Number that applies:

Reported Property's Social Security Number _____

Estate or Trust FEI _____

Claimant Certification and Signature			
The named Claimant certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim, Claimant will indemnify and hold harmless the City of Killeen and its' officers and employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.			
Signature _____		Date _____	
Office Use Only			
Original Check Number _____		New Check Number _____	
Amount _____ Date _____		Amount _____ Date _____	
Department _____ Employee _____			